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NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

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LIBERAL DIET IN TYPHOID.—*The Maryland Medical Journal,* in an editorial, advocates the more liberal feeding of patients suffering from typhoid fever. By scientific feeding the loss in weight is so reduced that when the convalescent gets out of bed his weight is almost normal. Dr. Miller states in the *Illinois Medical Journal* that a man of 150 pounds requires 5000 calories daily to maintain his weight, or double the amount necessary if he were in health. He, however, gives 3000 daily. This amount of nourishment he obtains from nutritious foods, such as milk, cream, eggs and sugar. The milk he gives in the form of cream soup, with oatmeal, rice, etc., or with the addition of arrowroot or cornstarch. He thinks it essential to use a quart of milk and a pint of cream daily, adding coffee, chocolate or cocoa. This is supplemented by four or five eggs daily, given raw, or as egg nog, soft-boiled, poached, or made into custard, and in cream. As the carbohydrates offer the best protection from decrease in weight he gives 8 ounces of sugar daily. If the patient dislikes sweets he is given cereals, bread, baked potatoes, or any root vegetable in finely divided form to make up for the decreased amount of sugar. One and a half ounces of *fat* crisp bacon, no lean being given, is added to the diet daily, as this has a high food value and is usually relished. This plan of feeding has been tested by other doctors, it is said, and found perfectly safe and reliable.

DENTAL DEFECTS AS A CAUSE OF EPILEPSY.—At a meeting of the American Roentgen Ray Society, Dr. Henry K. Pancoast, of Philadelphia, called attention to the importance of carefully examining the teeth in all cases of idiopathic epilepsy, as defects might exist which were responsible for the epileptic condition. This is especially important with children, although cases have been discovered in adults, where dental defects were a contributing cause. Any defects found must be remedied early in order to do good. The usual therapeutic measures should also be vigorously applied.

Heredity and Tuberculosis.—Dr. Gilford B. Sweeny in an interesting article in the *New York Medical Journal* states that tuberculosis cannot strictly speaking be said to be hereditary, though it does sometimes pass from the older to the younger generation, as do other infectious diseases. Tuberculosis is a disease essentially dependent upon impaired nutrition. If the body is in a healthy condition it can overcome the infection. In natural immunity it is the blood cell that is the active protective agent, which in a healthy organism is amply able to attack and destroy the intruding organism. To increase the digestive power of these blood cells so that they can attack and overcome the tubercle bacillus is the object of modern treatment. Dr. Sweeny administers hypodermically an antituberculous lymph compound. This is obtained from bullocks which have been immunized by successive injections containing tubercle bacilli of increasing virulence. This lymph so stimulates the blood cells that they are able to cope with the invading germ and destroy it. This is proved by the improvement of the patient if the disease has not progressed too far.

The Care of Cutting Instruments.—In a paper in the *American Journal of Surgery* Dr. Neef says surely it cannot be correct to be more lenient with the sterilization of scalpels than of other instruments. The fear of injuring the sharpness of the cutting edge when the knife is subjected to the boiling process seems to be the cause of the laxity in this respect. All scalpels should be boiled in a small knife tray which prevents the instruments being jostled against their sharp edges during the boiling. If the delicate blades are allowed to cool gradually their temper will diminish and the softened edge become dull with slight use. To prevent this, the finer cutting instruments should be chilled by plunging them in cold alcohol as soon as they are removed from the sterilizer. A few strokes on a good oilstone is all that is needed to bring back a blade used at an operation to its original condition. A soft oilstone should be used when the blade is quite dull or the cutting edge is damaged and has to be ground down. A harder stone sharpens more slowly, yields a finer edge and should be used for finishing. Glycerine diluted in alcohol should be used as a medium in sharpening instead of oil.

Care in Cancer Cases.—Dr. J. Garland Sherrill is reported in the *Medical Record* as saying that in view of the supposed infectious character of cancer the attendants of a cancer patient should be urged to avoid allowing the secretions to come in contact with the unbroken surface and to use the most stringent measures of cleanliness in the care of the patient. The room in which a cancer patient lived should be carefully disinfected.

SKIN STERILIZATION.—A method of skin sterilization highly recommended is to shave the skin carefully, and cleanse it with soap and hot water applied with cotton sponges, followed by alcohol. After the skin has dried paint it with a 2 per cent. solution of iodine and alcohol. This is done the evening of the day before the operation, and a sterile dressing applied. The next morning the skin is again painted and the dressing re-applied. While the patient is being anæsthetized, the skin is painted for the third time. The scrubbing brush and the bichloride compress are rendered unnecessary. It is said that iodine is one hundred times more powerful a bactericidal agent than bichloride.

FLAT FOOT.—Flat foot is often a cause of annoyance and suffering to nurses who perhaps have not recognized the cause of their condition before entering the hospital as probationers. The pain may be reflected up the leg and thigh and so cause uncertainty as to its origin in the foot. Passed Assistant Surgeon R. G. Heiner, speaking of this disability in connection with recruits, advises that prompt attention be given to all foot complaints, no matter how trivial. Blisters, bunions, corns, and the results of an ill-fitting shoe cause the weight to be borne on the sound foot and this strain, if prolonged, has a tendency to weaken and injure the arch. Shoes should be of the correct shape and size. Those who have a tendency to flat foot should tone up the supporting muscles of the foot by exercise. Rising alternately on the toes and heels about 100 times daily is beneficial. Later this may be done twice a day. A simple apparatus is made by tying one end of a rope around the foot, passing the rope through a pulley and securing a weight of five pounds or less on the other end. Movement of the foot raises and lowers the weight, this exercises the tibials and flexors of the foot, the supporters of the arch. This exercise should be done twice a day, about 100 times at each sitting. Strapping and properly fitting arch supporters are useful in sustaining the arch until the muscles are given tone and strength by the exercise.

THE DROP METHOD OF ADMINISTERING ETHER.—Dr. Harold A. Lucas recommends in the *Medical Record* that the small opening at the top of a can of ether should be cut out and an ordinary rubber nursing nipple, through the point of which a pin has been passed, be slipped over it and fastened firmly with an elastic band around the base. By holding the can in a horizontal position the ether can easily be administered in drops of equal size with no danger of leakage, waste, or accidents.

INOCULATION AGAINST TYPHOID FEVER.—In the *Journal of the American Medical Association* there is an exceedingly interesting report by two medical officers of the U. S. Army of the method used to administer vaccine to the soldiers in camp at San Antonio, Texas. The hypodermic syringes used were sterilized by boiling. Before inoculation a small area of skin on the arm was painted with iodine. A sterile syringe, fitted with well-mixed vaccine, being in readiness, the needle was plunged into the skin already prepared with iodine. When the needle was withdrawn a drop of collodion was applied to the puncture, thus sealing the wound. The temperature in no case rose to 102° F. No infection took place. Care was observed to give the vaccine subcutaneously and not intravenously. The reaction was usually over in twelve hours. During this encampment at San Antonio of 12,000 men, approximately, there occurred but one case of typhoid, a civilian teamster who had not been inoculated. In view of these results it would seem that doctors and nurses brought into frequent contact with typhoid cases should be afforded the protection of inoculation. It should also be considered with a view to render typhoid carriers harmless to those to whom otherwise they might communicate the disease when not suffering from it themselves.

TREATMENT OF TUBERCULOSIS.—Williams, writing in the London *Lancet*, is convinced that any comprehensive scheme for dealing with tuberculosis in Great Britain should include the establishment of a large number of tuberculosis hospitals scattered over the country in close connection with dispensaries and sanatoriums and as a further link in the chain some form of labor colonies and exchanges should be available. He says that the task of further reducing and abolishing tuberculosis is not a hopeless one, but it does not lie wholly with the physicians. It lies also with those who have it in their power to remove or lessen the principal causes of tuberculosis, viz., the overcrowding of our cities, the want of open spaces and ventilation, the insanitary houses, the lack of a good supply of water and of pure milk. If all these defects were remedied the number of phthisis cases would be comparatively small. The government and the local authorities could insist, too, on the removal of advanced cases of tuberculosis to a hospital or infirmary, and thus do away with one chief source of infection, and we should soon see a rapid fall in the number of contact cases and in the mortality tables.